

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							<b>CLAIMS</b>						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
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11	/						61						
12	/						62						
13	/						63						
14	(1)						64						
15	(2)						65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS